

**Senate Bill No. 549**

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Passed the Senate      September 11, 2003

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*Secretary of the Senate*

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Passed the Assembly      September 8, 2003

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*Chief Clerk of the Assembly*

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This bill was received by the Governor this \_\_\_\_\_ day of  
\_\_\_\_\_, 2003, at \_\_\_\_\_ o'clock \_\_M.

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*Private Secretary of the Governor*

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## CHAPTER \_\_\_\_\_

An act to add Chapter 9.7 (commencing with Section 6267) to Title 7 of Part 3 of the Penal Code, relating to inmates.

## LEGISLATIVE COUNSEL'S DIGEST

SB 549, Vasconcellos. Inmates: skilled nursing facilities: geriatric facilities.

Existing law generally regulates the incarceration of inmates. Existing law authorizes the Director of Corrections to contract for the establishment and operation of community correctional facilities that offer programs for the treatment of addiction to alcohol or controlled substances.

This bill would authorize the Department of Corrections to contract with public or private entities for the establishment and operation of skilled nursing facilities for the incarceration and care of geriatric inmates and inmates with disabilities who are in need of skilled nursing services. This bill would provide that the Department of Corrections ombudsman program would provide services to prisoner residents of these facilities. The bill would also state findings and declarations of the Legislature related to geriatric inmates.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares all of the following:

(a) By law, all prisoners have the right to adequate and appropriate medical and psychiatric care.

(b) A number of prisoners remain on waiting lists for appropriate medical and psychiatric care.

(c) It is estimated that the Department of Corrections has over 5,000 geriatric inmates in custody with special security and needs.

(d) California will soon confront a major demographic shift in its correctional system due to the large number of prisoners currently in or entering middle age. The demographic shift will sharply change the operational demands of the system's facilities and staff as well as contribute to a sharp increase in per capita prisoner costs.



(e) The Legislative Analyst's Office projects that the over-55 prison population will approach 30,000 20 years from now, growing at a rate faster than the prison population as a whole. As these prisoners enter old age, the system will experience ballooning hidden costs and systemic problems associated with the aging process.

(f) California can reduce costs while improving care for prisoners by making logical, risk-sensitive reforms. As the number of geriatric prisoners increases, a properly managed and centralized system can reduce costs with the greater efficiency of buying and dispensing services in bulk. This will bring down the higher per capita costs of geriatric prisoners and thus, the total expenditure for the state.

(g) Geriatric prisoners and prisoners with disabilities often require special care and attention within the prison system. In addition to difficulties in mobility and interaction, geriatric prisoners and prisoners with disabilities can be targets of abuse by younger prisoners. Geriatric prisoners and prisoners with disabilities make ideal targets for theft, extortion, and even sexual assault.

(h) Other states indicate that specialized geriatric units dramatically reduce the costs of this category of geriatric prisoners while significantly improving the level of care. For geriatric prisoners, those units are in great demand, and facilities like Virginia's Staunton prison and North Carolina's McCain facility have long waiting lists of requested transfers. Geriatric prisoners in specialized geriatric units also live in an environment where staff members are familiar with their medical, cognitive, and mobility problems.

(i) Several class action lawsuits have been filed against the state in cases involving prisoners who were denied access to appropriate medical care and psychiatric services, based on long waiting lists.

(j) To address this problem, it is in the best interest of the state to contract for skilled nursing facilities for the care of inmates with long-term care needs, thereby lessening the burden on the prison medical care system. Skilled nursing facilities provide long-term care services in a more specialized, efficient manner, thereby saving medical care and psychiatric care beds for other prisoners with acute care or psychiatric care needs.



SEC. 2. Chapter 9.7 (commencing with Section 6267) is added to Title 7 of Part 3 of the Penal Code, to read:

CHAPTER 9.7. SPECIAL FACILITIES

6267. (a) (1) The Legislature finds and declares that the purpose of the program authorized under this section is to address the special needs of inmates with regard to the provision of long-term care in skilled nursing facilities.

(2) The department may contract with public or private entities for the establishment and operation of skilled nursing facilities for the incarceration and care of inmates who are limited in ability to perform activities of daily living and who are in need of skilled nursing services. The skilled nursing facility under contract pursuant to this section shall address the long-term care of inmates as needed. In addition, the facility shall be designed to maximize the personal security of inmates, to maximize the security of the facility, and to ensure the safety of the outside community at large.

(b) The department shall provide for the security of the facility in order to ensure the safety of the outside community at large.

(c) The department shall enter into an agreement for transfer of prisoners to, or placement of prisoners in, skilled nursing facilities pursuant to this section.

(d) The facility contractor shall ensure that the facility meets all licensing requirements by obtaining a license for the skilled nursing facility, as that term is defined in Section 1250 of the Health and Safety Code.

(e) The department shall provide for the review of any agreement entered into under this section to determine if the facility contractor is in compliance with the requirements of this section, and may revoke the agreement if the facility contractor is not in compliance.

(f) The Department of Corrections ombudsman program shall provide ombudsman services to prisoner residents of the department-contracted skilled nursing facilities.

(g) Notwithstanding the provisions of Chapter 11 (commencing with Section 9700) of Division 8.5 of the Welfare and Institutions Code, the Office of the State Long-Term Care Ombudsman shall be exempt from advocating on behalf of, or investigating complaints on behalf of residents of any skilled

nursing facilities operated either directly or by contract by the Department of Corrections.

(h) As used in this section, “long-term care” means personal or supportive care services provided to people of all ages with physical or mental disabilities who need assistance with activities of daily living including bathing, eating, dressing, toileting, transferring, and ambulation.



Approved \_\_\_\_\_, 2003

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*Governor*

